

POLICE DEPARTMENT NON-SWORN / INTERNSHIP PERSONAL HISTORY STATEMENT



Applicant Name

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – NON-SWORN / INTERNSHIP**

**Alamo Heights Police Department
Personal History Statement**

READ THESE INSTRUCTIONS CAREFULLY

These instructions are provided as a guide to assist you in properly completing the PERSONAL HISTORY STATEMENT. The Personal History Statement and supporting documents are necessary to conduct your background investigation. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. The Personal History Statement must be printed legibly in **black ink** or **typed** by you.
2. All questions must be answered completely and to the best of your ability. If a question does not apply to you, enter "N/A" or "Not Applicable" in the space provided.
3. Do not use "Liquid Paper", "Correction Tape" or any other substance to "white out" errors. Draw one line through the error and write the correction above or next to the error. Avoid errors by reading the directions carefully before making entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. The internet may be a source for obtaining information. **If you do not provide the necessary phone numbers, your application may be disqualified.**
5. Do not write on the back of any page. If there is insufficient space on the form, attach extra sheets. Be sure to reference the relevant section and question on the extra sheet(s).
6. Upon completing the Personal History Statement, re-check each section to ensure that all information requested has been provided and is accurate.
7. Initial each page indicating the information is accurate and complete.

Your failure to properly complete this document may result in disqualification of your application. Any deliberate omissions or falsifications of information may result in disqualification; or, if you have been appointed, may disqualify you from continued employment.

The City of Alamo Heights is an Equal Opportunity Employer and is firmly committed to treating employees and applicants for employment according to their experience, talent, and qualifications for the job, without regard to race, creed, color, national origin, sex, age [if at least age forty (40)] or disability (if otherwise qualified to do the job).

For Police Department Use Only

Applicant: _____

Position: _____

Date PHS Received: _____

PHS Received by: _____

Background Investigator: _____

ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – CIVILIAN EMPLOYMENT / INTERNSHIP

SECTION 1: PERSONAL

1. YOUR FULL NAME (INCLUDING SURNAME SUFFIX)			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING MAIDEN NAMES OR NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU CURRENTLY RESIDE			
STREET		APT / UNIT	
CITY	STATE	ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, are you a resident alien who is eligible and has applied for U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. BIRTH PLACE – CITY / COUNTY / STATE / COUNTRY		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER — —
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT WEIGHT

SECTION 2: RELATIVES AND REFERENCES

13. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 27.

<input type="checkbox"/> N/A	A. Father		
NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ()		WORK ADDRESS	
		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL

<input type="checkbox"/> N/A	B. Step-father		
NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ()		WORK ADDRESS	
		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL

<input type="checkbox"/> N/A	C. Mother		
NAME		HOME ADDRESS	
		STATE	ZIP
HOME PHONE ()		WORK ADDRESS	
		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL

ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – CIVILIAN EMPLOYMENT / INTERNSHIP

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

☐ N/A **D. Step-mother**

NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

☐ N/A **E. Spouse**

NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEARS OF MARRIAGE	Is there, or has there been, a protective order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

☐ N/A **H. Former Spouse(s)**

1) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a protective order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

☐ N/A **I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.**

1) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
2) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
3) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
4) NAME		HOME ADDRESS		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		

ALAMO HEIGHTS POLICE DEPARTMENT
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<input type="checkbox"/> N/A	J. Children		
List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.			
1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS	
		STATE	ZIP
		CONTACT NUMBER ()	EMAIL
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS	
		STATE	ZIP
		CONTACT NUMBER ()	EMAIL
3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS	
		STATE	ZIP
		CONTACT NUMBER ()	EMAIL

14. REFERENCES					
List 5 people who know you well, such as social and family friends, co-workers, military acquaintances. <u>Do not include</u> relatives, employers or housemates, or other individuals listed elsewhere. Include current or former law enforcement personnel.					
A) NAME		HOME ADDRESS			
		STATE		ZIP	
	HOME PHONE ()	WORK ADDRESS			
		STATE		ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS			
		STATE		ZIP	
	HOME PHONE ()	WORK ADDRESS			
		STATE		ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		HOME ADDRESS			
		STATE		ZIP	
	HOME PHONE ()	WORK ADDRESS			
		STATE		ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – CIVILIAN EMPLOYMENT / INTERNSHIP

SECTION 2: RELATIVES AND REFERENCES (Section 14. References) *continued*

D) NAME		HOME ADDRESS		STATE	ZIP
	HOME PHONE ()	WORK ADDRESS		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

E) NAME		HOME ADDRESS		STATE	ZIP
	HOME PHONE ()	WORK ADDRESS		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

15. Check all that are applicable: ☐ High School Diploma from an accredited U.S. institution ☐ GED ☐ Accredited College Degree

16. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		
B) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

17. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

18. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

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SECTION 4: RESIDENCE

19. LIST OF RESIDENCES

- List ALL residences in the past 5 years, beginning with the present. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 27.

A) ADDRESS WHERE YOU NOW LIVE				APT / UNIT	FROM	TO Present
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)		
Names of those with whom you live:						
B) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)		
Names of those with whom you lived:						
Reason for moving:						
C) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)		
Names of those with whom you lived:						
Reason for moving:						
D) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)		
Names of those with whom you lived:						
Reason for moving:						

ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – CIVILIAN EMPLOYMENT / INTERNSHIP

SECTION 5: EMPLOYMENT AND EXPERIENCE

20. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer, in the past 10 years. (Begin with your most current. If more space is needed continue your response on page 27.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
STREET ADDRESS OR BASE				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ()		SALARY
JOB TITLE				EMAIL (SUPERVISOR)			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)			2)		REASON FOR WANTING TO LEAVE		
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:					

B) PERIOD OF UNEMPLOYMENT					FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other								

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
STREET ADDRESS OR BASE				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL (SUPERVISOR)			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)			2)		REASON FOR LEAVING		

D) PERIOD OF UNEMPLOYMENT					FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other								

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
STREET ADDRESS OR BASE				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL (SUPERVISOR)			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)			2)		REASON FOR LEAVING		

ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – CIVILIAN EMPLOYMENT / INTERNSHIP

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

21. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
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G) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
STREET ADDRESS OR BASE				SUPERVISOR		
CITY			STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE				EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS					<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
--	--	--	--	--	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
STREET ADDRESS OR BASE				SUPERVISOR		
CITY			STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE				EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS					<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
--	--	--	--	--	------	----

K) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
STREET ADDRESS OR BASE				SUPERVISOR		
CITY			STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE				EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS					<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
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ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – CIVILIAN EMPLOYMENT / INTERNSHIP

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

21. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

- | | | |
|--|------------------------------|-----------------------------|
| 22. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Have you ever been involved in a physical/verbal altercation with a supervisor, co-worker, or customer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – CIVILIAN EMPLOYMENT / INTERNSHIP

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Have you ever resigned or quit to avoid being discharged, terminated or fired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have you ever been accused of discrimination (such as sexual harassment, racial bias, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever received an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 22–31**, explain (include when, where and circumstances; indicate corresponding number.):

33. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)? ☐ YES ☐ NO

- If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on page 27.

A) NAME OF AGENCY				DATE APPLIED	
STREET ADDRESS			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL (BACKGROUND INVESTIGATOR)		
Check each step in the process that you completed, and your status: STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Oral <input type="checkbox"/> Background <input type="checkbox"/> Conditional job offer withdrawn STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

B) NAME OF AGENCY				DATE APPLIED	
STREET ADDRESS			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL (BACKGROUND INVESTIGATOR)		
Check each step in the process that you completed, and your status: STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Oral <input type="checkbox"/> Background <input type="checkbox"/> Conditional job offer withdrawn STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

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SECTION 6: ANIMAL CARE SERVICE EXPERIENCE (IF APPLICABLE)

34. Are you currently or have you ever received certification in basic animal control as required by the Texas Health and Safety Code? ☐ Yes ☐ No
35. Has your certification ever been revoked or suspended (if applicable)? ☐ Yes ☐ No
36. Have you ever received TCIC / NCIC certification (if applicable)? ☐ Yes ☐ No
If yes, what access level(s)?

SECTION 7: MILITARY EXPERIENCE

37. Are you required to register for the Selective Service? ☐ Yes ☐ No
If yes, have you registered? ☐ Yes ☐ No
If no, explain:
- | | |
|-----------------------|---------------------------------|
| 38. BRANCH OF SERVICE | 43. DATES OF SERVICE
From To |
|-----------------------|---------------------------------|
39. TYPE OF DISCHARGE: ☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable
Re-entry Code (1–4) if applicable – *refer to your DD-214*:
40. Are you currently participating in one of the following? ☐ Military Reserve ☐ National Guard If checked, date obligation ends:
41. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ☐ Yes ☐ No
42. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? ☐ Yes ☐ No

If you answered yes to **Questions 41 and/or 42**, explain (include dates and circumstances)

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a law enforcement agency, you are required to disclose any of the following information, *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL investigations and/or convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 27.

43. **Either as an adult or a juvenile, have you EVER been questioned, investigated, detained, interrogated, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** ☐ Yes ☐ No

ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – CIVILIAN EMPLOYMENT / INTERNSHIP

SECTION 8: LEGAL *continued*

If yes, explain each incident.

A) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

B) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

C) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

D) APPROX DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

44. Have you ever been placed on court ordered community supervision or probation as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. Have the police ever been called to your residence for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Have you ever been the subject of an emergency protective order/restraining order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Have you ever fraudulently received welfare, unemployment compensation, worker's compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Have you ever filed a false insurance claim or worker's compensation claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ALAMO HEIGHTS POLICE DEPARTMENT
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If you answered yes to any of **Questions 44–51**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

SECTION 9: OTHER TOPICS

52. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No
53. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No
54. Have any immediate family members (father, mother, brothers, sisters, spouse, children) been investigated or convicted of anything other than a traffic violation in the last 5 years? ☐ Yes ☐ No
55. Do you have family members who are council members or employees of the City of Alamo Heights? ☐ Yes ☐ No

If you answered yes to any of **Questions 52–55**, give details including dates and circumstances; indicate corresponding number.

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SECTION 9: CERTIFICATION

I hereby certify that I have completed and initialed each page of this personal history statement and any supplemental page(s) attached, and that there are **no misrepresentations, falsifications, or intentional omissions** in the foregoing statements and answers. **ALL** entries in this personal history statement are true, complete, and correct. I agree and consent in advance to being rejected for employment and understand that if hired, I may be discharged, if any of the information provided contains any misrepresentations, falsifications, or if any material information has been omitted in my application process. I further certify that I have personally written/typed this personal history statement and that I have solely filled out this application without aid or assistance from any person or persons.

I further agree that if my personal history statement is not accepted or if I am not hired, that the City of Alamo Heights and the Alamo Heights Police Department will not discuss with me the reason for me not being selected or hired. If the issue is of a temporary nature, I will be notified that I am eligible to re-apply.

SIGNATURE IN FULL

DATE

ALAMO HEIGHTS POLICE DEPARTMENT
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ADDITIONAL SPACE

- **Duplicate** this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)
- Identify the corresponding question and specific item being referenced.

This image shows a full page of blank, lined paper. It features approximately 28 horizontal black lines spaced evenly across the page, typical of standard notebook paper. The lines are thin and extend from the left edge to the right edge. There are no margins, text, or other markings on the page.